

Client Name _____

Date _____

INSTRUCTIONS

Please Circle the number next to the symptom in the GROUPS below that are applicable to you

1) *Mild Symptoms* - symptoms occurring once or twice a month

2) *Moderate Symptoms* - symptoms occurring once or twice a week

3) *Severe Symptoms* - symptoms occurring daily

GROUP ONE

- | | | | | | |
|-----------------------------|-------|--------------------------------|-------|--------------------------|-------|
| 1) "Nervous" Stomach | 1 2 3 | 5) Mental alert, quick | 1 2 3 | 9) Fever easily raised | 1 2 3 |
| 2) Dry Mouth-Eyes-Nose | 1 2 3 | 6) Extremities cold, clammy | 1 2 3 | 10) Cold sweats often | 1 2 3 |
| 3) Pulse speeds after meals | 1 2 3 | 7) Heart pounds after retiring | 1 2 3 | 11) Neuralgia-like pains | 1 2 3 |
| 4) Keyed up – fail to calm | 1 2 3 | 8) Acid foods upset | 1 2 3 | | |

ARE YOUR SYMPTOMS MADE WORSE BY EMOTIONAL STRESS? Yes / No

GROUP TWO

- | | | | | | |
|------------------------------------|-------|--|-------|--|-------|
| 12) Perspire easily | 1 2 3 | 16) Digestion rapid | 1 2 3 | 20) Joint stiffness after rising | 1 2 3 |
| 13) Muscle-leg-toe cramps at night | 1 2 3 | 17) Vomiting frequent | 1 2 3 | 21) Circulation poor, sensitive to cold | 1 2 3 |
| 14) Eyelids swollen, puffy | 1 2 3 | 18) Difficulty swallowing | 1 2 3 | 22) Subject to colds, asthma, bronchitis | 1 2 3 |
| 15) Indigestion soon after meals | 1 2 3 | 19) Constipation, diarrhea-alternating | 1 2 3 | | |

ARE YOUR SYMPTOMS MADE WORSE BY EMOTIONAL STRESS? Yes / No

GROUP THREE

- | | | | | | |
|--------------------------------|-------|--|-------|---|-------|
| 23) Afternoon headaches | 1 2 3 | 26) Heart palpitates if meals are missed | 1 2 3 | 28) Awaken after few hours of sleep | 1 2 3 |
| 24) Get "shaky" if hungry | 1 2 3 | or delayed | | difficult to get back to sleep | |
| 25) Faintness if meals delayed | 1 2 3 | 27) Eat when nervous | 1 2 3 | 29) Crave candy or coffee in afternoons | 1 2 3 |
| | | | | 30) Abnormal craving for sweets or snacks | 1 2 3 |

GROUP FOUR

- | | | | | | |
|--|-------|---|-------|---|-------|
| 31) Bruise easily "black and blue" spots | 1 2 3 | 36) Swollen ankles, worse at night | 1 2 3 | 40) Hands and feet go to sleep easily, numbness | 1 2 3 |
| 32) Sigh frequently, "air hunger" | 1 2 3 | 37) Muscle cramps, worse during exercise | 1 2 3 | 41) Tendency to anemia | 1 2 3 |
| 33) Aware of "breathing heavily" | 1 2 3 | 38) Shortness of breath on exertion | 1 2 3 | 42) Tension under the breastbone, or feeling of | 1 2 3 |
| 34) Opens window in closed rooms | 1 2 3 | 39) Dull pain in chest or radiating into left | 1 2 3 | "tightness", worse on exertion | |
| 35) Susceptible to colds and fevers | 1 2 3 | arm, worse on exertion | | | |

GROUP FIVE

- | | | | | | |
|--|-------|----------------------------------|-------|--|-------|
| 43) Dry Skin | 1 2 3 | 47) Biliousness | 1 2 3 | 51) Laxatives used often | 1 2 3 |
| 44) Skin rashes frequent | 1 2 3 | 48) Greasy foods upset | 1 2 3 | 52) History of gallbladder attacks or gallstones | 1 2 3 |
| 45) Bitter metallic taste in mouth in the mornings | 1 2 3 | 49) Stools light colored | 1 2 3 | 53) Sneezing attacks | 1 2 3 |
| 46) Bowel movements painful or difficult | 1 2 3 | 50) Pain between shoulder blades | 1 2 3 | | |

GROUP SIX

- | | | | | | |
|---|-------|--|-------|-------------------------------------|-------|
| 54) Lower bowel gas several hours after eating | 1 2 3 | 56) Coated tongue | 1 2 3 | 58) Gas shortly after eating | 1 2 3 |
| 55) Burning stomach sensations, eating relieves | 1 2 3 | 57) Indigestion ½ to 1 hour after eating; may be up to 3 – 4 hours | 1 2 3 | 59) Stomach "bloating" after eating | 1 2 3 |

(Restricted to Professional Use Only)

CLINICAL APPRAISAL INDICATOR

GROUP SEVEN

(A)		(B)		(E)	
60) Pulse fast at rest	1 2 3	76) Slow pulse, below 65	1 2 3	91) Hot flashes	1 2 3
61) Nervousness	1 2 3	77) Increase in weight	1 2 3	92) Headaches	1 2 3
62) Can't gain weight	1 2 3			93) Dizziness	1 2 3
63) Intolerance to heat	1 2 3	(C)		94) Increased blood pressure	1 2 3
64) Highly emotional	1 2 3	78) Low blood pressure	1 2 3	95) Sugar in urine (not diabetes)	1 2 3
65) Flush easily	1 2 3	79) Failing memory	1 2 3	96) Masculine tendencies (female)	1 2 3
66) Night sweats	1 2 3	80) Increased sex desire	1 2 3		
67) Inward trembling	1 2 3	81) Headaches, "splitting or rending" type	1 2 3	(F)	
68) Heart palpitates	1 2 3	82) Decreased sugar tolerance	1 2 3	97) Low blood pressure	1 2 3
69) Insomnia	1 2 3			98) Chronic fatigue	1 2 3
(B)		(D)		99) Weakness, fatigue	1 2 3
70) Impaired hearing	1 2 3	83) Bloating of intestines	1 2 3	100) Tendency to hives	1 2 3
71) Decrease in appetite	1 2 3	84) Abnormal thirst	1 2 3	101) Arthritic tendencies	1 2 3
72) Ringing in ears	1 2 3	85) Weight gain around hips or waist	1 2 3	102) Perspiration increases	1 2 3
73) Constipation	1 2 3	86) Sex desire reduced or lacking	1 2 3	103) Crave salt	1 2 3
74) Mental sluggishness	1 2 3	87) Tendency to ulcers colitis	1 2 3	104) Brown spots or bronzing of skin	1 2 3
75) Headaches upon arising - wears off during the day	1 2 3	88) Increased sugar tolerance	1 2 3	105) Allergies – tendency to asthma	1 2 3
		89) Women: menstrual disorders	1 2 3	106) Exhaustion – muscular and nervousness	1 2 3
		90) Young girls: lack of menstrual	1 2 3	107) Respiratory disorders	1 2 3

GROUP EIGHT

Female Only		Male Only	
108) Painful menses	1 2 3	115) Vaginal discharge	1 2 3
109) Premenstrual tension	1 2 3	116) Menopause, hot flashes, etc.	1 2 3
110) Very easily fatigued	1 2 3	117) Menses scanty	1 2 3
111) Depressed feeling before period	1 2 3	118) Acne, worse at menses	1 2 3
112) Menstruation excessive / prolonged	1 2 3	119) Tire too easily	1 2 3
113) Painful breasts	1 2 3	120) Urination difficult	1 2 3
114) Menstruate too frequently	1 2 3	121) Night urination frequent movement	1 2 3

GROUP NINE

127) Chronic cough	1 2 3	131) Difficulty breathing	1 2 3	134) Bronchitis (frequent)	1 2 3
128) Pain around ribs	1 2 3	132) Coughing up phlegm	1 2 3	135) Infections settle in lungs	1 2 3
129) Shortness of breath	1 2 3	133) Coughing up blood	1 2 3	136) Sensitive to smog	1 2 3
130) Chest pain	1 2 3				

GROUP TEN

137) Frequent urination	1 2 3	141) Cloudy urine	1 2 3	144) Painful/burning when passing urine	1 2 3
138) Rose colored (bloody) urine	1 2 3	142) Rarely need to urinate	1 2 3	145) Urination when you cough or sneeze	1 2 3
139) Dripping after urination	1 2 3	143) Frequent bladder infections	1 2 3	146) Strong smelling urine	1 2 3
140) Difficulty passing urine	1 2 3				

GROUP ELEVEN

(A)		(B)		(C)	
147) Throat infections	1 2 3	150) Gets boils or styes	1 2 3	153) Bumpy skin on back of arms	1 2 3
148) Poor wound healing	1 2 3	151) Swollen lymph glands	1 2 3	154) Inflamed or bleeding gums	1 2 3
149) Slow to recover from cold or flu	1 2 3	152) Catch colds or flu too easily	1 2 3		
(B)		(D)		(E)	
155) Poor wound healing	1 2 3	157) Swollen lymph glands	1 2 3	159) Hyperactivity	1 2 3
156) Post nasal drip	1 2 3	158) Swollen tongue	1 2 3	160) Food sensitivity or allergy	1 2 3

CLINICAL APPRAISAL INDICATOR

IMPORTANT - Please list below your four main health complaints in order of importance:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PLEASE FILL IN BELOW:

Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Weight: _____ Height: _____ Married: Yes / No Gender: Male / Female

Email Address: _____ Occupation: _____

History of Illnesses and Treatments: _____

Operations, Accidents, or Injuries: _____

Present Diagnosed Illnesses: _____

Please List any Family History of Illness or Disease: _____

Please List any Medications or Supplements you are presently taking: _____

Client Signature

Date

Technician Signature

Date

(Restricted to Professional Use Only)

DISCLAIMER

The Asyra system provides a completely non-invasive method for gaining valuable information about your body's vital functions. The primary objective of the screening is to disclose patterns of stress and provide feedback that will assist in developing a program to restore each system and meridian to balance.

- ✧ I understand that the Asyra survey does not provide medical diagnosis and that my testing technician may recommend further medical testing. If I suspect I need further medical intervention, I understand I should consult MY physician. I give my permission for the testing technician to evaluate me on the Asyra. I understand in doing so my testing technician is NOT becoming my primary care physician. I understand that the testing technician will give me information about myself and make recommendations based on the Asyra screening. I understand that the testing technician will not pass judgements on prescribed medications and it is the responsibility of my primary care physician to make any adjustments on prescribed medications. Any decision to follow through with the recommended program is my own decision and I hold the testing technician harmless.
- ✧ I understand that I am here to learn about natural health and better lifestyle practices and I will be offered information about food supplements and herbs as a guide to general health.
- ✧ I understand that I should continue to see any medical doctors I am currently under the care of, and that any Prescribed medications should not be altered without first consulting the physician who recommended it.
- ✧ I fully understand that those who counsel me are not medical doctors, medical practitioners, licensed nutritionalists, or licensed naturopaths. I am not here for any medical diagnostic purposes or treatment procedures.
- ✧ Information about the traditional uses of supplements that may create a healthy balance in the body may be discussed. This is not intended to be interpreted as a substitute for a licensed physician's treatment. Nothing said, done, typed, printed, or reproduced by us is intended to diagnose, prescribe, treat, or take the place of a licensed physician.
- ✧ The intent is to provide educational information for the purpose of assisting you with lifestyle changes necessary to regain and maintain an environment needed to produce a healthy balanced body.
- ✧ I am not on this visit, or any subsequent visit, acting as an agent for the federal, state, county, local law enforcement or news media on a mission of entrapment or investigation.
- ✧ I understand that all information and conversations will be kept confidential, and that information concerning myself can be released to another health professional only with my written consent.
- ✧ I understand that the Asyra screening will only identify energetic imbalances and does not diagnose any diseases in the body. The Balancing Item refers to energetic frequency needed to restore balance to the body. Balancing Items are defined differently from medical terms and are not a cure for any disease.
- ✧ I recognize that the Asyra screening is an unorthodox approach to balancing my health. Being of sound mind, I have chosen this screening to assist in balancing my health of my own free will and in exercise of my constitutional right for the attainment of life, liberty, and the pursuit of happiness.

Client Signature

Date

Guardian Signature (if under 18 years of age)

Relationship





CLINICAL APPRAISAL : FOLLOW-UP

Client Name _____

Date _____

INSTRUCTIONS

If you are an existing client, you are not required to complete a new Clinical Appraisal Indicator.

However, please complete this **Follow-up** to update us on any changes in your condition, medications or supplements since your last appointment with us. ~ *Thank You!*

IMPORTANT - Please list below your four main health complaints in order of importance:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PLEASE FILL IN BELOW:

Name: _____ Phone No: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Weight: _____ Height: _____ Married: Yes / No Gender: Male / Female

Email Address: _____ Occupation: _____

Present Diagnosed Illnesses: _____

Please List any Medications or Supplements you are presently taking: _____

Client Signature _____

Date _____

Technician Signature _____

Date _____

(Restricted to Professional Use Only)

Functional Tests

- Allergen Sensitivities
- Chemical Toxicity
- Circulatory Disturbances
 - Digestive Maladies
 - Female Issues
 - Male Issues
 - Immune Disorders
 - Food Sensitivities
 - Joint Ailments
- Metabolic Disturbances
 - Neurotransmitter Imbalances
- Nutritional Deficiencies
 - Pathogenic Factors
 - Phenolic Sensitivities
 - Respiratory Issues
 - Skin Afflictiond
 - Sleep Disturbances
 - Urinary Disorders

And More!

Discover how this advanced technology can benefit you and your family!

Why We Prefer BioEnergetic Testing

Long before your body develops symptoms of any sickness or imbalance, there are detectable energetic patterns that can let us know of potential problems. While most of the time our bodies are able to compensate for the imbalance (bacteria, injury, viral attack), there are some times when our immune systems are unable to keep up with the load. This breakdown happens when we do not supply our body with enough vital nutrients necessary for healthy function, or the toxin overload becomes more than the resources available to correct it. BioEnergetic testing allows us to measure energetic output of areas of the body that may need support in order to regain proper health. While EKGs and EEGs are familiar tests, they use this same concept by focusing on energetic output of the heart and giving information before a heart attack strikes. Meridian testing measures all organs, glands and areas of your body in a similar way. Warning you of areas that may need attention before symptoms of failing health happen.

Non-invasive, accurate and safe for all ages and all health conditions. Ask us how BioEnergetic testing could help you on the road to better health!

Functional Medicine

with

BioEnergetic Testing

Good things in life are better when you're healthy!



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Natural Therapies Health Center

Functional Medicine

More than 70% of patients in any general practice suffer from functional disturbances. Simply speaking, a functional disturbance occurs when no specific tissue or organ damage can be identified by conventional lab work or other pathological diagnostics, yet the patient still experiences a myriad of symptoms.

Meridian Stress

Assessment (MSA) helps detect and identify these energetic and regulatory disturbances. Functional disturbances can be detected early- even from the very beginning of pre-clinical phase (when you display symptoms, but nobody can identify their cause).

Disease does not begin with pathology but with a pre-clinical phase. Functional disturbances occur when a living organism can no longer compensate adequately for changes in the environment. Environmental changes include both internal conditions of the body and external circumstances.

MSA Testing Process

How is MSA testing administered?

MSA testing is administered as a microamp current that is sent through the body's meridian pathways and is captured through data access points on the hands. (The meridians, or energetic pathways, create a network through which we can assess the functional status of your body. The existence of these data access points and energetic pathways have been validated using radioactive isotope imaging.)

The amount of current that passes through the cellular structure of the organ, gland, or system reveals the functional status of the tissues. Because the assessment is based on defined parameters of health, any deviation from this standard can be readily detected. This allows us to see a true picture of how your body is actually functioning.

Once we have identified the problem areas in the body, we pre-screen potential therapeutic options. We send representative electromagnetic signatures of remedies to the body and measure it's response...

"This allows us to monitor how you will respond to a remedy before it is given."

-Reinhold Voll, M.D., M.Sc.

**Nationally and internationally,
patients have reported over 80%
satisfaction with the results of
MSA testing and functional
Medicine.**

On average, three to twelve visits are needed to fully restore optimum health. After each visit, most clients notice positive changes in their health and an overall reduction of symptoms.

Consultation & Testing

With Full Report

\$175 (45 minute session)

Please ask us about hair, nail or saliva testing, having your pet tested or how to submit testing samples for those who are not local or available for one-on-one consultations. Testing results for those submitting test samples will be emailed.

*Schedule your appointment
today for our special price
\$125.00*